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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Substitute for Form PTO-875

Application or Docket Number

09723512

## APPLICATION AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))		

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE (\$)	FEES (\$)

OR

TOTAL

TOTAL

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## APPLICATION AS AMENDED - PART II

*230US*

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total (37 CFR 1.16(l))	Minus	** 20 =
	Independent (37 CFR 1.16(h))	Minus	*** 3 =
	Application Size Fee (37 CFR 1.16(s))		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE (\$)	ADDI- TIONAL FEE (\$)

TOTAL  
ADD'L FEE

OR

TOTAL  
ADD'L FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total (37 CFR 1.16(l))	Minus	** =
	Independent (37 CFR 1.16(h))	Minus	*** =
	Application Size Fee (37 CFR 1.16(s))		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))			

RATE (\$)	ADDI- TIONAL FEE (\$)

TOTAL  
ADD'L FEE

OR

RATE (\$)	ADDI- TIONAL FEE (\$)

TOTAL  
ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Approved for use through 2201/2000. GOM 085-14-0333  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application or Docket Number  
**09723512**

PATENT APPLICATION FEE DETERMINATION RECORD					Fees (in dollars)	
Substitute for Form PTO-875					Application or Docket Number	
CLAIMS AS FILED - PART I					OTHER THAN SMALL ENTITY	
(Column 1) (Column 2)					(Column 3)	
FOR	MAJOR FEE	MINOR EXTRA	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
BASIC FEE (37 CFR 1.16(a))			RATE	RATE		
TOTAL CLAIMS (37 CFR 1.16(d))	minus 20 =		X \$	X \$		
INDEPENDENT CLAIMS (37 CFR 1.16(d))	minus 3 =		X \$	X \$		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			X \$	X \$		
			+ \$	+ \$		
			TOTAL	TOTAL		
* If the difference in column 1 is less than zero, enter "0" in column 2.						
CLAIMS AS AMENDED - PART II					OTHER THAN SMALL ENTITY	
(Column 1) (Column 2) (Column 3)					(Column 4)	
AMENDMENT 1	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
Total of all lines	8	10	20	RATE	RATE	
Independent of all lines	3	10	3	X \$	X \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			X \$	X \$		
			+ \$	+ \$		
			TOTAL ADD'L FEE	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)					(Column 4)	
AMENDMENT 2	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
Total of all lines	8	10	20	RATE	RATE	
Independent of all lines	3	10	3	X \$	X \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			X \$	X \$		
			+ \$	+ \$		
			TOTAL ADD'L FEE	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)					(Column 4)	
AMENDMENT 3	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
Total of all lines	8	10	20	RATE	RATE	
Independent of all lines	3	10	3	X \$	X \$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			X \$	X \$		
			+ \$	+ \$		
			TOTAL ADD'L FEE	TOTAL ADD'L FEE		
<ul style="list-style-type: none"> <li>* If the entry in column 1 is less than the entry in column 2, enter "0" in column 2.</li> <li>-- If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".</li> <li>-- If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".</li> </ul> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box from lines 1, 2, and 3.</p>						
<p>This collection of information is required by 37 CFR 1.16. The information is needed to obtain or retain a benefit by the public which is to be had by the (and by the USPTO to process) an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p>						
<p>If you need assistance in completing the form, call 1-800-PTO-8750 and select option 2.</p>						

8-19-05 RCF

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09723512

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	14	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	11 minus 20	5
INDEPENDENT CLAIMS	3 minus 3	0
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR	BASIC FEE
X3 0-		OR	710.00
X318-			
X40-		OR	X30-
+135-		OR	+270-
TOTAL		OR	TOTAL
			710

\* If the difference in column 1 is less than zero, enter '0' in column 2

2-11-04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	REMAINING AFTER AMENDMENT		
Total	11	Minus	+20
Independent	3	Minus	+3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X3 0-		OR	X318-
X40-		OR	X30-
+135-		OR	+270-
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

M-12-04

AMENDMENT B	CLAIMS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	REMAINING AFTER AMENDMENT		
Total	9	Minus	+20
Independent	3	Minus	+3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
X3 0-		OR	X318-
X40-		OR	X30-
+135-		OR	+270-
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

Re Fee

AMENDMENT C	CLAIMS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	REMAINING AFTER AMENDMENT		
Total	9	Minus	+20
Independent	3	Minus	+3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE		RATE	
ADDITIONAL FEE		ADDITIONAL FEE	
X3 0-		OR	X318-
X40-		OR	X30-
+135-		OR	+270-
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

Re Fee

\* If the entry in column 1 is less than the entry in column 2, enter '0' in column 2.

\* If the 'Highest Number Previously Paid For' in THIS SPACE is less than 20, enter '20'.

\* If the 'Highest Number Previously Paid For' in THIS SPACE is less than 3, enter '3'.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

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